Please type a plus sign (+) Inside this box Under the Paperwork Reduction A		Patent and Trade	mark Office: U.S.	through 9/30/00. C	F COMMERCE			
a valid OMB control number,	Attorney Doc	ket Number	380-	380-166 II				
DECLARATION FOR			-	E. DOWNEY				
DESIGN PATENT APPLIC	NATION		COMPLETE IF KNOWN					
(37 CFR 1.6		Application N		/				
(01.01.11.11	claration omitted after Initia	Filing Date			7			
			it					
with Initial Filing (37	ig (surcharge CFR 1.16 (e)) ilred)		Examiner Name					
As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  VACUUM CLEANER EQUIPPED WITH PIVOTALLY MOUNTED AGITATOR  SECTION  the specification of which  (Title of the Invention)  is attached hereto OR  was filed on (MM/DD/YYYY)  as United States Application Number or PCT International  Application Number  and was amended on (MM/DD/YYYY)  (if applicable).  I hereby state that I have reviewed and understend the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application which got that of the polication which propriety is claimed.								
Prior Foreign Application Number(s) Country		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime		ppy Attached?			
			0000	0000	0000			
Additional foreign application num	bers are listed on a s	supplemental priority d	ata sheet PTO/Si	B/02B attached her	eto:			
1 hereby claim the benefit under 35 Application Number(s)	United States provision							
60/437,960 60/468,408	01/03/2003 05/06/2003	(MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data shee PTO/SB/02B attached hereto.					

[Page 1 of 2]
Burden Hour, Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patch1 and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

•	
Please type a plus sign (+) inside this box -> +  Under the Paperwork Reduction Act of 1995, no persons	PTO/SB/01 (12-97) Approved for use through 9/30/00, OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it contains

## **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to partentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.											
U.S. Parent Application or PCT Parent Number			Parent Filing Date Pa			Pare	rent Patent Number (If applicable)				
-											
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
As a named Inventor, I hereby appoint the following registered practitioner(s and Trademark Office connected therewith: Customer Number OR				001009 Place Customer Number Bar Code							
	니	Registered prac Regist		name/r	registration	on number ils	ted bek	w L	Label he.		
Na	me	Num Num				Nam	9		Registration Number		
: ,											
	ed practitioner(s) named o	n supplemental	Registered	d Practi	lioner In	formation she	et PTO	/SB/020	Cattached here	to.	
Direct all correspon	nidence to: Customer Number or Bar Code Label 001009 OR Correspondence address below					ress below					
Name											
Address											
Address								,	***		
City		State ZIP									
Country		Telephon	e (859)	) 252-0889 Fax (859)			) 252-0779				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or	e or First Inventor:										
Given Name (first and middle [if any]) Family Name or Sumame											
RICHARD E.	DOWNEY .					•					
Inventor's Signature	Richard C.	X Jam	مرمع						Date	1/6/04	
Residence: City	Danville	State	ΚQ	Соп	intry	US			Citizenship	US	
Post Office Address	ddress 234 Fox Run Trace										
Post Office Address			•			<u> </u>					
City	Danville	State	KY	Zip		40422			Country	US	
Additional invent	ors are being named o	n thesup	plemente	al Addi	tional Ir	nventor(s) s	heet(s)	PTO/	SB/02A attac	hed hereto	

Malling Address

Please type a plus sign (+) inside this box   Under the Paperwork Reduction Act of 1995, no persons are	e regulred to reap	ond t	U.S. Patent and Trade	mark Office: U	PTO/SB/02A (11-00) grough 10/31/2002. OMB 0851-0032 J.S. DEPARTMENT OF COMMERCE contains a valid OMB control number			
DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page of					
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])  JASON R.			Family Name or Surname GIESKE					
Inventor's Signature Just					Date 1/19/04			
Residence: City Danville	State KY	CountryUS			Citizenship US			
261 Stevenson Drive Malling Address								
Mailing Address	Mailing Address							
¢ity Danville	State KY	ZIP 40422 Count			ry US			
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])			Family Name or Surname					
		į						
Inventor's Signature					Date			
Residence: City	Residence: City State		Country_		Citizenship			
Mailing Address	,							
Mailing Address								
City	State		ZIP Co		euntry			
Name of Additional Joint Inventor, If any:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature					Date			
Residence: City	State		Country		Citizenship			
Mailing Address			-					

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

State